

CityGraphics&Imaging

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Credit Application

DATE _____

COMPANY INFORMATION

NAME OF BUSINESS _____

OTHER NAME, IF ANY _____

BUSINESS ADDRESS _____

MAILING ADDRESS, IF DIFFERENT _____

PHONE _____ FAX _____

ESTABLISHED HOW LONG _____ BUSINESS ID # _____

BANK INFORMATION

COMPANY NAME _____

BANK & BRANCH _____

ADDRESS _____ PHONE NUMBER _____

CHECKING ACCOUNT NUMBER _____

TRADE & CREDIT REFERENCES

1. NAME _____ PHONE _____

ADDRESS _____ FAX _____

2. NAME _____ PHONE _____

ADDRESS _____ FAX _____

3. NAME _____ PHONE _____

ADDRESS _____ FAX _____

THE SIGNATURE BELOW GIVES AUTHORIZATION TO RELEASE INFORMATION TO CITYGRAPHICS&IMAGING FOR ESTABLISHING A LINE OF CREDIT.

I AGREE TO PAY 1.5% PER MONTH SERVICE CHARGE ON ANY PAST DUE BALANCE. I ALSO AGREE TO PAY ALL COLLECTION COSTS, ATTORNEY FEES, AND COURT COSTS IN THE EVENT ACTION IS TAKEN TO ENFORCE THIS AGREEMENT.

AUTHORIZED BY (PLEASE PRINT FULL NAME)

TITLE

SIGNATURE